



PTO/SB/17 (07-06)  
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|-----------------------------------------------------------------------------------------------------|--|--------------------------|------------------------|
| <b>FEE TRANSMITTAL</b><br>For FY 2005                                                               |  | <b>Complete if Known</b> |                        |
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |  | Application Number       | 10/743,071-Conf. #7430 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27           |  | Filing Date              | December 23, 2003      |
| TOTAL AMOUNT OF PAYMENT (\$)                                                                        |  | First Named Inventor     | Robert L. Horn         |
| 455.00                                                                                              |  | Examiner Name            | N. G. Moazzami         |
|                                                                                                     |  | Art Unit                 | 2187                   |
|                                                                                                     |  | Attorney Docket No.      | A7995.0023/P023        |

|                                                                                                                       |                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>METHOD OF PAYMENT</b> (check all that apply)                                                                       |                                                                                   |
| <input type="checkbox"/> Check                                                                                        | <input checked="" type="checkbox"/> Credit Card                                   |
| <input type="checkbox"/> Money Order                                                                                  | <input type="checkbox"/> None                                                     |
| <input type="checkbox"/> Other (please identify):                                                                     |                                                                                   |
| <input type="checkbox"/> Deposit Account                                                                              | Deposit Account Number: 04-1073                                                   |
|                                                                                                                       | Deposit Account Name: Dickstein Shapiro LLP                                       |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                |                                                                                   |
| <input type="checkbox"/> Charge fee(s) indicated below                                                                | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|                                                                                                                                                                                                                                                                                                                   |              |                                                  |             |               |                           |                |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------|-------------|---------------|---------------------------|----------------|----------------|
| <b>FEE CALCULATION</b>                                                                                                                                                                                                                                                                                            |              |                                                  |             |               |                           |                |                |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>                                                                                                                                                                                                                                                              |              |                                                  |             |               |                           |                |                |
| Application Type                                                                                                                                                                                                                                                                                                  | Filing Fees  | Small Entity                                     | Search Fees | Small Entity  | Examination Fees          | Small Entity   | Fees Paid (\$) |
|                                                                                                                                                                                                                                                                                                                   | Fee (\$)     | Fee (\$)                                         | Fee (\$)    | Fee (\$)      | Fee (\$)                  | Fee (\$)       |                |
| Utility                                                                                                                                                                                                                                                                                                           | 300          | 150                                              | 500         | 250           | 200                       | 100            |                |
| Design                                                                                                                                                                                                                                                                                                            | 200          | 100                                              | 100         | 50            | 130                       | 65             |                |
| Plant                                                                                                                                                                                                                                                                                                             | 200          | 100                                              | 300         | 150           | 160                       | 80             |                |
| Reissue                                                                                                                                                                                                                                                                                                           | 300          | 150                                              | 500         | 250           | 600                       | 300            |                |
| Provisional                                                                                                                                                                                                                                                                                                       | 200          | 100                                              | 0           | 0             | 0                         | 0              |                |
| <b>2. EXCESS CLAIM FEES</b>                                                                                                                                                                                                                                                                                       |              |                                                  |             |               |                           |                |                |
| Fee Description                                                                                                                                                                                                                                                                                                   |              |                                                  |             |               |                           | Small Entity   |                |
|                                                                                                                                                                                                                                                                                                                   |              |                                                  |             |               |                           | Fee (\$)       | Fee (\$)       |
| Each claim over 20 (including Reissues)                                                                                                                                                                                                                                                                           |              |                                                  |             |               |                           | 50             | 25             |
| Each independent claim over 3 (including Reissues)                                                                                                                                                                                                                                                                |              |                                                  |             |               |                           | 200            | 100            |
| Multiple dependent claims                                                                                                                                                                                                                                                                                         |              |                                                  |             |               |                           | 360            | 180            |
| Total Claims                                                                                                                                                                                                                                                                                                      |              | Extra Claims                                     | Fee (\$)    | Fee Paid (\$) | Multiple Dependent Claims |                |                |
| - 20 =                                                                                                                                                                                                                                                                                                            |              | x                                                | =           |               | Fee (\$)                  |                | Fee Paid (\$)  |
| HP = highest number of total claims paid for, if greater than 20.                                                                                                                                                                                                                                                 |              |                                                  |             |               |                           |                |                |
| Indep. Claims                                                                                                                                                                                                                                                                                                     |              | Extra Claims                                     | Fee (\$)    | Fee Paid (\$) |                           |                |                |
| - 3 =                                                                                                                                                                                                                                                                                                             |              | x                                                | =           |               |                           |                |                |
| HP = highest number of independent claims paid for, if greater than 3.                                                                                                                                                                                                                                            |              |                                                  |             |               |                           |                |                |
| <b>3. APPLICATION SIZE FEE</b>                                                                                                                                                                                                                                                                                    |              |                                                  |             |               |                           |                |                |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |              |                                                  |             |               |                           |                |                |
| Total Sheets                                                                                                                                                                                                                                                                                                      | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$)    | Fee Paid (\$) |                           |                |                |
| - 100 =                                                                                                                                                                                                                                                                                                           | /50          | (round up to a whole number) x                   | =           |               |                           |                |                |
| <b>4. OTHER FEE(S)</b>                                                                                                                                                                                                                                                                                            |              |                                                  |             |               |                           |                |                |
| Non-English Specification, \$130 fee (no small entity discount)                                                                                                                                                                                                                                                   |              |                                                  |             |               |                           | Fees Paid (\$) |                |
| Other (e.g., late filing surcharge): 2251 Extension for response within first month                                                                                                                                                                                                                               |              |                                                  |             |               |                           | 60.00          |                |
| 2801 Request for continued examination (RCE) (see 37 ...)                                                                                                                                                                                                                                                         |              |                                                  |             |               |                           | 395.00         |                |

|                     |                          |                                   |                |
|---------------------|--------------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                          |                                   |                |
| Signature           | <i>Stephen A. Soffen</i> | Registration No. (Attorney/Agent) | 31,063         |
| Name (Print/Type)   | Stephen A. Soffen        | Telephone                         | (202) 420-4879 |
|                     |                          | Date                              | Aug. 24, 2006  |